



Issue 3
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Items of Interest:

Take 3 This Flu Season. The Center for Disease Control (CDC) says "take 3" this flu season:

1. Take time to get a flu vaccine.
2. Take everyday preventive actions (like washing your hands often and covering your cough).
3. Take antiviral drugs if your doctor says to.

Getting influenza (the flu) means feeling achy and feverish for a week or so, and while this is unpleasant enough, for some people the flu can be more serious, even deadly.

CDC tracks flu activity each season in the U.S., and recent reports indicate activity is on the rise at this time. While flu activity typically peaks in February, influenza viruses can circulate into May, so flu will most likely hit your community sometime this season. Fortunately, there are actions you can take to protect yourself and your loved ones from the flu.

For further information on how to protect yourself from the flu, visit <http://www.cdc.gov/Features/FluTake3/>.

Navy and Marine Corps Medical News

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Naval Hospital Corps School Instructor Selected as NMSC, BUMED 2007 SOY

By Mass Communications Specialist
1st Class (SW) Nick De La Cruz,
Navy Medicine Support Command
Public Affairs

NAVY MEDICINE SUPPORT COMMAND (NMSC), JACKSONVILLE, Fla. – NMSC's Regional Sailor of the Year, a Naval Hospital Corps School instructor, was recognized in Washington, DC, on Jan. 24 as the Bureau of Medicine and Surgery (BUMED) Sailor of the Year for 2007.

Hospital Corpsman 1st Class (SW) Ashley Lee Thomason was introduced as Navy Medicine's SOY by Vice Adm. Adam M. Robinson, Surgeon General of the Navy, during the Surgeon General's 2008 Leadership Conference.

"I was very excited, but I was also in disbelief at the same time,"

Thomason said. "I still cannot believe that I have been selected as BUMED SOY."

The Excel, Ala., native said his selection as the NMSC and now BUMED SOY was "a culmination of my efforts as well as all those people who have mentored me and all those subordinates who have worked so hard for me."

Thomason said his near-future plans are to continue to prepare for chief petty officer as well as the next level of competition at the Vice Chief of Naval Operations board.

"My goal from day one in the Navy has been to make master chief and to retire after 30 years of naval service," Thomason said.

A veteran of only six and a half years, Thomason first earned SOY

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Navy Medicine Welcomes New FORCE Master Chief

By Christine A. Mahoney, U.S. Navy
Bureau of Medicine and Surgery
Public Affairs

WASHINGTON – The Navy's Bureau of Medicine and Surgery welcomed a new FORCE Master Chief to the helm of the Navy's medical enlisted community in Oct. 2007.

FORCE Master Chief Laura A. Martinez took the helm of Navy Medicine's enlisted community on Oct. 26 during a change of charge ceremony at National Naval Medical Center Bethesda a location were she had also previously served as the Command Master Chief.

"During my tenure as FORCE Master Chief, my priority will be to continue to train our Hospital Corpsmen by making sure they get the very best training, as I have done throughout my naval career," said Martinez. "Also, we must con-

tinue to train our Corpsmen to have other skills they need to serve side by side with their fellow Sailors and Marines. We can't lose focus on training because it represents the future of the Hospital Corps and Navy Medicine."

Martinez began her medical career prior to enlisting in the Navy. She attended college first studying for a degree in medical records. "Even when I was young, I always had an interest in the medical field and wanted to do something in this field," she said. "When I got the opportunity I decided to join the Navy. I'm from a real small town in Louisiana. And I'm the oldest of 11 children. It was a very tough time because my father was a share cropper and it was very tough. So I wanted to go to college and I did, and I've always wanted to be in the military. After I graduated college and enlisted in the Navy. That was



FORCE Master Chief Laura A. Martinez
photo provided by Bureau of Medicine and
Surgery Public Affairs

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Bremerton Nurse Keeps Lineage Legacy Alive

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs Office

BREMERTON, Wa. - The last time Lt. j.g. Wendy McDaniel deployed, the experience not only enhanced her professional nursing ability, it also had a profound personal consequence on her entire life. She acquired the skills for her chosen career path, as well as met her future husband. This time around, the Naval Hospital Bremerton (NHB) nurse expects her time to be filled with expanding her nursing skills, with perhaps the chance to follow in family footsteps.

McDaniel was amongst other NHB staff members who bid farewell to family, friends, co-workers and command echelon as they departed for Expeditionary Medical Facility (EMF) Kuwait in mid-January, continuing on a trend from the previous year.

"We are doing a role-reversal on this deployment," said Joe McDaniel, retired Navy hospital corpsman, who will handle combined parental roles. "She was home when I was with the Marine Corps in Iraq be-

tween 2003 and 2005. That experience was invaluable for me and will be the same for Wendy working at EMF Kuwait."

In 2002, when Wendy was a hospital corpsman on deployment alternate status that she completely immersed herself in practical nursing studies. "In that pre-deployment environment, I learned so much, and was taught by some of the best," she said. "That experience was the best thing to ever happen for me, because it gave me the confidence, skills and knowledge to apply in the Navy Nursing School." It was also during that time that she and Joe met, before he departed for foreign shores and 'Boots on Ground' duty.

This deployment is not only taking McDaniel over to a part of the world her husband has already been, but also has her following in her father's sandy footsteps. Her father was in the U.S. Air Force and stationed in Saudi Arabia in the 1960s. "There are a few things my dad did that I want to also be able to do," McDaniel admitted. "I want to stand on the shore and see the

waters of the Gulf. I especially want to ride a camel. We have a picture of him on a back of a camel, and I want the same opportunity and take the same type of picture, so then we can put them side by side at home."

Approximately 50 personnel from NHB are currently forward deployed, with almost an equal number to follow, giving NHB over 11 percent of the active duty population supporting ongoing and upcoming operations overseas.

If there is a locale where one spouse can follow the other, as well as father, the Navy Central Command Area of Operations (NAVCENT AOR) offers up the opportunity. Medical forces continue to answer the call of duty, with almost 3,800 doctors, nurses and corpsmen forward deployed, providing the bulk of personnel for Navy operational commitments, not only in NAVCENT AOR, but around the world.

For Lt. j.g. Wendy McDaniel, her deployment will add to her growth as part of the Navy Nurses Corps, as well as to her lineage legacy.

Medical Team Provides Services to CJTF-HOA Personnel

By Air Force Staff Sgt. Jennifer Redente, Combined Joint Task Force-Horn of Africa Public Affairs

CAMP LEMONIER, Djibouti - The primary mission of Expeditionary Medical Force (EMF) 12 is to provide medical services to more than 1,800 personnel assigned to Combined Joint Task Force-Horn of Africa (CJTF-HOA) at the Seth Michaud Emergency Medical and Dental Facility at Camp Lemonier.

"The primary function of the EMF in this deployed environment is to provide acute medical and dental care to CJTF-HOA and Camp Lemonier personnel," said Lt. Cmdr. (Dr.) Michael J. Barker, EMF 12 general surgeon and senior medical officer. "We also provide emergent and limited elective surgical care. In support of this mission, we provide preventive medicine services, physical therapy, pharmacy, laboratory and radiological services."

In a given week, the EMF, staffed by 35 Sailors, sees an aver-

age of 315 patients for medical services.

"The most common medical service provided is military sick call, which usually treats respiratory infections, gastro-intestinal illness, dermatologic conditions and orthopedic injuries," said Barker. "The EMF is not equipped to provide specialty care due to limited resources such as diagnostic equipment."

When service members require more assistance than what is available at Camp Lemonier patients are seen at Bouffard French military hospital in Djibouti, which has the equipment to treat their symptoms appropriately.

EMF 12 is able to assist not only fellow Sailors, but their fellow service members as well.

"All special operations personnel depend on conventional military units like the Camp Lemonier EMF to provide surgical care and support for our warriors," said Army Col. (Dr.) Michael P. Mouri, Special Operations Command flight surgeon

and diving medical officer. "We are most fortunate and appreciative to have a medical and nursing staff commanded by Navy Capt. (Dr.) Julie L. Miavez to care for our operators, other joint forces and contractors stationed here."

Recently a patient assigned to SOCCE had an elective surgery, which enabled him to not only stay in the deployed location, but the capabilities of the EMF provided him a short recuperation.

"Laparoscopic surgery offers many advantages over older, traditional techniques," he said. "For the patient, it is minimally invasive, meaning less trauma to the tissues, reduced pain and faster recovery time with a decreased chance of infection."

"If Dr. Michael J. Barker, who completed a laparoscopic surgical fellowship, was not here, we would have had to evacuate our senior enlisted advisor back to the United

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NMSC, BUMED 2007 SOY continued...

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at Naval Hospital Corps School, an echelon-5 command, where he's been stationed for 13 months. He then competed at the echelon-4 level and was selected to represent the Navy Medicine Manpower, Personnel, Training and Education Command.

Thomason traveled to Jacksonville shortly after the New Year to compete against SOYs from three other NMSC echelon-4 commands – Navy and Marine Corps Public Health Center in Portsmouth, Va.; Naval Medical Research Center in Silver Spring, Md.; and Naval Medical Logistics Command at Fort Detrick, Md. – as well as the NMSC headquarters SOY here. He then competed in Washington, DC, at the BUMED echelon-2 level against the regional SOYs from Navy Medicine West in San Diego, Navy Medicine National Capitol Area in Washington, DC, and Navy Medicine East in Portsmouth, Va.. He was se-

lected Jan. 23.

Naval Hospital Corps School is Thomason's third duty station. His previous tours include Naval Hospital Cherry Point, N.C., and USS Carney (DDG – 64), home-ported at Naval Station Mayport, Fla.

As an instructor, Thomason is responsible for training, molding and mentoring 430 students through the basic hospital corps school curriculum.

"I instruct classes of 65 students quarterly on basic hospital corpsman fundamentals, emergency care and nursing procedures," Thomason explained.

He also serves as the school's command color guard coordinator.

"As Corps School's command color guard coordinator, I am responsible for training and leading 120 color guardsmen in performing various military ceremonies throughout Navy Region Midwest," Thomason added.

Aside from making master chief, Thomason also intends to pursue



Hospital Corpsman 1st Class (SW) Ashley Lee Thomason photo provided by Navy Medicine Support Command Public Affairs

higher education and earn his bachelor's degree.



YOKOSUKA, Japan - Hospital Corpsman 2nd Class Victor Brown demonstrates how to properly apply a splint during the 7th Fleet Specialty Conference at U.S. Naval Hospital (USNH) Yokosuka. The conference gave area independent duty hospital corpsmen (IDC) and general medical officers (GMO) training on specific types of diagnoses, examination techniques, and various treatment options. *U.S. Navy photo by Mass Communication Specialist Seaman Kari R. Bergman*

FORCE continued...

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28 years ago in April 1979. When I came into the military, I came in for life."

When Martinez entered the Navy, she came in to work in the communications field because hospital corpsman was not an available opportunity at that moment. She stated, "When I came through boot camp, at that point, they didn't have anything available for the hospital corpsmen rating. I really wanted to be a hospital corpsman. They brought me in I was going to do communications. When you go through boot camp, they bring you back through classification. So when I went back through classification, I talked to the classifier and I said, "I don't really want to do that." And he said, "Ok." So I said, "I really want to be a hospital corpsman." And he looked, and that's how I became a hospital corpsman because that is what I truly wanted to do."

After successfully completing recruit boot camp and receiving a top notch medical education, Martinez went to her first duty station Naval Regional Medical Center (NRMC) Orlando. "My first duty station, I got to work in a hospital. I got to do patient care. I was the senior corpsman of the intensive care unit (ICU) unit. So I got to do that patient care side. I got to take care of people. I got to do what I came into the Navy to do," she said.

While serving at NRMC Orlando, Martinez met the person who would stand by her for the rest of her career and her life, her husband. "My husband, Marty, was also an enlisted Sailor. He was a driver for one of our surgeons. Marty is now a retired Senior Chief. We have two children. Our son graduated from Wake Forest last year and is now a photographer in Atlanta. Our daughter is a student at North Carolina Wesleyan College in Rocky Mount, NC. We both worked really hard to stay focus on having good careers and good children," said Martinez.

With the ongoing War on Terrorism, "jointness" has become a military buzzword to define the ongoing convergence of the military personnel to work together on a particular mission, especially military medical personnel. "Some of that's being experimented which is good because we got Landstuhl which is a joint medical facility with all three services working there. We have a Master

Chief that's there to make sure that the Sailors are taken care of. But there has to be jointness. There is some jointness there. We are learning," said Martinez.

She continued. "This learning process will increase when the military enlisted medical training schools move to Fort Sam Houston in San Antonio, Texas. We are learning to not only understand our differences, our cultures, but to embrace our differences, but also to say, you know, there are a lot of things we do alike. As we move forward as military healthcare, you're going to see more jointness because there are a lot of folks our there that are saying why can't we do this together."

With ever-changing job demands and new world challenges, Hospital Corpsmen may be wondering what they need to do to ensure they are at the top of their game and have successful Naval careers. According to Martinez, creating goals will help Sailors, not just Hospital Corpsmen, focus and map out the means to achieve their objectives.

"I always tell my sailors, select a goal, work towards that goal, and attain the goal. Your first goal should be to learn your job and do it well. A Sailor may want to go to college, make third class petty officer during the next exam cycle, make Chief Petty Officer," said Martinez. "These are great goals, but your first goal should always be to learn your job and do your job well. Learn your job, learn from your mentors and do the best work you can do. Learn to be a hospital corpsman and provide the best medical care your job requires of you."

Martinez's tour of duty as Navy Medicine FORCE Master Chief will continue for the next couple of years. What plans does Martinez have when this tour is completed? Retire. "I have a very fulfilling Naval career and a fulfilling life. After this tour, both of my children will be done with college and my husband and I want to retire to San Antonio, TX. That's where we want to go and just enjoy our lives together and travel. I also want to spend time with my best friend, of over 30 years, spend some time with her and her husband and do some travelling. That's what we want to do. I tell my children all the time all I ever wanted to do is to put two successful citizens out into the world. That was my husband and mine goal and we achieved it."

Navy Conducts Pregnancy and Parenthood Survey

By Lt. Cmdr. Kim Dixon, Chief of Naval Personnel Diversity Directorate

WASHINGTON - The Navy is looking for input from more than 50,000 Navy men and women to help understand the impact of pregnancy and parenthood on Navy readiness by asking them to participate in the biennial Pregnancy and Parenthood Survey.

In a Navy first, nearly every woman in the Navy, more than 41,000, along with 9,000 men, will receive a letter inviting them to participate in the survey. This 2008 survey is particularly important as it includes questions to gauge reaction to the June 2007 revision of OPNAVINST 6000.1C, Pregnancy and Parenthood instruction.

"Participating in the survey is one of the ways to truly have an impact on Navy policy," said Lt. Stephanie Miller, head of the Navy's Women's Policy office. "Many of the changes we made in the recent revision to the Pregnancy and Parenthood instruction were the result of the data we received from the 2003 and 2005 surveys."

The Pregnancy and Parenthood survey has been held since 1988, covering topics such as family care plans, the impact of individual augmentee assignments, single parenthood, sexual health training, family planning, birth control, and pregnancy.

"Changes such as the operational deferment, adoption leave, and mandated command support for breastfeeding service women (as outlined in OPNAVINST 6000.1C) all came from survey feedback," she said. "We're hoping to use this year's survey as a way to gauge reaction to those changes in our effort to improve quality of life for military families," said Miller.

The survey will be open for approximately eight weeks, until the end of March. As in previous versions, men and women will receive the same questions, except where minor gender-appropriate wording changes were required. Men will not receive pregnancy-specific questions.

While usernames are required to log into the web survey, all identifying information will be deleted from the data set during analysis to maintain the anonymity of the respondents. Results will be statistically weighted by pay grade and gender to be representative of the Navy population.

The survey results will be used to review related pregnancy and parenthood policies for potential revision and to update the Navy's sexual health training GMT programs.

The Navy Personnel Command's Navy Personnel Research, Studies and Technology office is conducting the survey. Questions on the survey may be sent to the project director, Zannette Uriell, at DSN 882-4641, (901) 874-4641, zannette.uriell@navy.mil .



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Med Team continued...

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States for surgery and lost his services for two to three months," said the SOCCE surgeon. "Instead, he gets all four hernias repaired in a combat zone theater and returns to work in two days. That kind of service is invaluable for a tactical line commander, especially in special operations where our staff is traditionally very small in number."

Being able to assist patients and their commanders, like the SOCCE community, is part of the many pleasures the EMF 12 staff share, but there are other enjoyments this deployment has brought to the staff as well.

"I like the camaraderie that you get with the medical team, which entails corpsmen, doctors and nurses from all over," said Hospital Corpsman 2nd Class Matthew E. Thompson, EMF 12. "It's a job of constant learning and evolving to become a better technician or a better corpsman."

As with similar enjoyments, EMF 12 also share their dislikes of being away from their family, which included the holiday season during the six-month deployment, but the medical professionals understand it is a part of the serving their country.

"The chance to serve in a location where people are truly making a difference in the lives of others, and hopefully, those changes will be such that all of our contributions will help to increase the security of our nations and contribute to the welfare of all humanity," said Chief Hospital Corpsman Shane O. Chung, an EMF 12 independent duty corpsman.

CJTF-HOA's mission is to provide support in preventing conflict, promoting regional stability, protecting coalition interests and prevailing against extremism in east Africa.